## **CERTIFICATION OF DATA ACCURACY**

(Please submit one sheet for each facility)

Facility Name:  Facility ID 03-54-  3-DIGIT COUNTY CODE  5-DIGIT FACILITY NUMBER  Fill in the SLEIS confirmation number for your emission inventory submittal: (When your inventory was submitted, this number was sent to the submitter's email address)			
		Emission Inventory Submittal for Calendar Yea	r:
		Name of Submitter	
		Date of Submittal:	
I, the undersigned, hereby certify that the Department of Environmental Protection is truinformation and belief formed after reasonable significant penalties for submitting false or possibility of fine or imprisonment. <u>I am also a is nonconfidential and will be submitted to to be placed in a database which is open to the placed in a database which is open to</u>	le, accurate, and complete, based upon ble inquiry. I am aware that there are incomplete information, including the aware that my emission inventory data the Environmental Protection Agency		
Name of Person Completing this Form (Print or	·Type):		
Title:	•		
Telephone:	-		
Fax Number:	-		
E-Mail address:	-		
Signature:	Date:		